



## Consumer Affairs and Licensing

Mayor Martin J. Walsh

### APPLICATION FOR A ONE-TIME ENTERTAINMENT LICENSE

Name of Venue: \_\_\_\_\_

Event Location (full address): \_\_\_\_\_

Event Name/ Description (ex. Jimmy Fund Scooper Bowl): \_\_\_\_\_

Event will take place: ☐ inside on the \_\_\_\_\_ floor(s) ☐ outside

Entertainment will take place during the following **date(s) and time(s)**:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

#### **TYPE(S) OF ENTERTAINMENT REQUESTED (select all that apply):**

- |  |  |  |                                       |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Audio Device (ex. iPod /mp3 player) | <input type="checkbox"/> Disc Jockey                                     | <input type="checkbox"/> Instrumental/ Vocal Music | <input type="checkbox"/> Television   |
| <input type="checkbox"/> Athletic event                      | <input type="checkbox"/> Carnival games (requires one time Carnival app) | <input type="checkbox"/> Karaoke                   | <input type="checkbox"/> Trivia       |
| <input type="checkbox"/> Dancing by patrons                  | <input type="checkbox"/> Floorshow                                       | <input type="checkbox"/> Stage Plays               | <input type="checkbox"/> Other: _____ |

#### **EVENT DETAILS**

1. How is this event promoted? ☐ Radio ☐ Flyers ☐ Newspapers ☐ Internet ☐ Other \_\_\_\_\_
2. Is there an admission fee or ticket being collected? **Y / N** If Yes, amount charged? \$ \_\_\_\_\_
3. Number of attendees expected? \_\_\_\_\_ Age groups expected? \_\_\_\_\_
4. Will alcohol be served? **Y / N** Admission policy for patrons under 21? \_\_\_\_\_
5. What is your security plan? (Number of security personnel, Identification, Duties, etc...) \_\_\_\_\_

#### **SIGN OFF - DISTRICT POLICE CAPTAIN**

Police Captain Signature: \_\_\_\_\_ BPD Area: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved ☐ Denied Comments: \_\_\_\_\_

Detail recommended? ☐ Yes ☐ No If Yes, how many? \_\_\_\_\_

- ❖ Applicant must provide a copy of an **updated Inspection Certificate and Place of Assembly Permit** for the event facility.
- ❖ Applications **will not** be processed without required documentation. Addl. docs. may be required.
- ❖ The Division would like the application to be submitted at least two weeks prior to the event(s).
- ❖ Application payment must be by certified check, money order (payable to the "City of Boston"), or debit/credit card (American Express is not accepted).

**Applicant's Name:** \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Manager of Premises:** \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Manager's Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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(For Office Use Only)

**DIVISION APPROVAL:** ☐ Approved ☐ Denied

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_